

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(USE WITH FORM PTO-875)

*Brooker*

SERIAL NO.

FILING DATE

APPLICANT(S)

*10/23/47*

CLAIMS

	AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
		IND.	DEP.	IND.	DEP.
1	1				
2	1				
3	2				
4	2				
5	2				
6	2				
7	2				
8	2				
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10	2				
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44	2				
45	2				
46	2				
47	2				
48	2				
49	2				
50	2				
TOTAL IND.		2		4	
TOTAL DEP.		17		32	
TOTAL CLAIMS		19		36	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS